ADDIS ABABA UNIVERSITY

FACULTY OF MEDICINE

DEPARTMENT OF COMMUNITY HEALTH

Assessment of premarital sexual practices and factors related to it among Ambo high school students.

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Table of contents

Page

CONTENTS II page

Acknowledgements--- III

List of tables --- IV

List of figures -- V

List of appendixes -- VI

List of abbreviation -- VII

ABSTRACT --- VIII

1.BACK GROUND & STATEMENT OF THE PROBLEM --------------------------- 1

2.LITERATURE REVIEW --- 4

3.OBJECTIVES --- 12

4. METHODS --- 13

4.1 Study area --- 13

4.2 Study design -- 14

4.4 Sample size --- 14

4.5 Sampling procedures -- 15

4.6 Data collection &data quality assurance --- 15

4.7 Study variables --- 16

4.8 Data analysis procedures -- 16

4.9 Ethical consideration -- 17

4.10 Communication of results -- 17

5. RESULTS -- 18

5.1 Socio demographic characteristics of the study subject **---------------------------------** 18

5.2 Sexual histories and main risky behaviors of the respondents --------------------------- 22

6. DISCUSSION --- 35

7. STRENGTH &LIMITATION OF STUDY --- 40

7.1 Strength of the study --- 40
7.2 Limitation of the study -- 40

8. CONCLUSION-- 41

9. RECOMMENDATION --- 42

1O. REFERENCES --
- 43

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List of tables

Tables Page

Table 1: Socio demographic characteristics of respondents among
Ambo high school students, Jan 2006 …..…………………………… 20

Table 2: Some personal behaviors and practices among Ambo high school
students, Jan.2006……………………………………………………… 21

Table 3: Pre marital sexual histories among Ambo high school

students, Jan 2006 …………………………………………………… 23

Table 4: Reasons to have sexual inter course for the first time among
Ambo high school adolescents, Jan 2006 ………………………… 24
Table 5: Comparisons of pre marital sexual intercourse by selected
socio demographic variables among Ambo high school
Students, Jan. 2006 …………………………………………………. 38
Table 6: Main risk behaviors related to premarital sexual practices
among Ambo high school students, Jan 2006 …………………………. 31

Table 7: Reasons for not using condom at all or consistently among
sexually active Ambo high school adolescents, Jan 2006 …………… 32

Table 8: Comparison of condom use by selected socio demographic
Variables among Ambo high school adolescents, Jan. 2006 ………… 33

Table 9: Source of information about sexuality & adolescents
reproductive health reported by respondents among
Ambo high school students, Jan 2006 ………………………………… 34

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List of Figures

Page

Figure 1: Description of reasons for first sexual intercourse by sex,
among Ambo high school students, Jan.2006……………………….. …….25

Figure 2: Description of reasons for first sexual encounter
by grade, among Ambo high school students, Jan.2006………………………26

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List of Appendixes

Page

Appendix A: Sample English Questionnaire ……………………………………… …..46

Appendix B: Schematic presentation of the sampling procedure …………………….56

Appendix C: Declaration ………………………………………………… ……….57

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List of abbreviations

- AA-Addis Ababa
- AAU - Addis Ababa University
- AIDS - Acquired Immunodeficiency Syndrome
- CSW - Commercial Sex Workers
- DCH - Department of Community Health
- DHS - Demographic and Health Surveys
- HIV - Human Immunodeficiency Virus
- MCH - Mother and Child Health
- MOLSA - Ministry of Labor and Social Affairs
- MOH - Ministry of Health
- MF - Medical Faculty
- NGOs - Non governmental Organizations
- PMSP- Pre-Marital Sexual Practice
- PPS- Probability Proportionate to Size
- RH- Reproductive Health
- SD- Standard Deviation
- SRS- Simple Random Sampling
- STDs - Sexually Transmitted Diseases
- STIs - Sexually Transmitted Infections
- WHO - World Health Organization
- ZHAPCO - Zonal HIV/AIDS prevention and Control Office

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ABSTRACT

Most young people throughout the world will be engaged in sexual intercourse by age 20, whether married or unmarried (5). Study done in Ethiopia also revealed that, 52.8% of high school students in North West Ethiopia to be sexually active (3). Moreover the vast majority of sexual intercourse during adolescent are unprotected, and therefore the risky of unwanted pregnancy, unsafe abortion, and STIs including HIV/AIDS is very high for adolescents. Studies conducted so far on adolescent pre-marital sexual practices and factors related to it in Ethiopia was few in number and some of them were old and may not show the present reality.

A cross sectional study was conducted to assess the magnitude of pre marital sexual practices and factors related to it among randomly selected sample of Ambo high school students from Jan. 2006 to Feb. 2006. Data was collected using anonymous self-administered questionnaire. A total of 813 students were participated in the study. About 19.4% of the respondents had experienced sexual intercourse. Eighty eight (56.4%) of the sexually active respondents claimed to have more than one sexual partners.

About 16.5% of sexually active male adolescents visited female commercial sex workers of which only 27.6% reported consistent condom use and 44.8% never used condom during sex with female commercial sex workers. Pre marital sexual intercourse was associated with discussion of sex related issues with their fathers and age of the school adolescents. Those who discuss sex related issues with their father less practiced pre marital sexual intercourse than those who were not [OR=0.603(0.373, 0.975)].
Condom use during sexual intercourse was associated with access to information about sexuality and adolescents reproduce health.

Provision of accurate information about adolescent reproductive health, enabling the community to understand adolescents' sexuality, and establishment of adolescent reproductive health club in the school is essential.

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1. BACK GROUND REVIEW AND STATEMENT OF THE PROBL*EM*

Today approximately one-fifth of the world's population is adolescents (10-19 years of age), with more than four fifths in developing countries (1, 7). Adolescent is a period of dynamic change representing the transition from child hood to adult hood and is marked by emotional, physical and sexual maturation. Sexual activity among adolescent has been reported to be on the increasing worldwide. Globally, puberty is occurring earlier for both boys and girls, and the age at which people marry is rising. These leave a widening gap of time during which young adults can potentially engaged in premarital sexual activity. Most young people through out world will engage in sexual intercourse by age 20, whether married or unmarried (5, 13).

Several studies in sub- Saharan Africa have also documented high and increasing pre-marital sexual activities amongst adolescents. Data from the DHS from the Africa region show that, in 7 out of 9 countries surveyed, more than half of unmarried woman in their reproductive years (15-49) have had sexual intercourse at least once (4).

According to the behavioral surveillance survey report of 2002, the proportion of out of school and in school youth who ever had sex was 49% and 16%, respectively. Amongst the younger out of school youths, 35% males and 29% females had ever had sex; in contrast, amongst in school youths about 19% of males and 13% of females had ever had sex (23).

In Ethiopia Bisrat's study revealed that among the senior high school students in Harar 65% of males and 20% of females were sexually active (1). Another study revealed that 52.8% of

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high school students in North Western Ethiopia to be sexually active with mean age at first sexual contact being 16 years of age (1). Data from ministry of labor and social affairs (MOLSA) showed that 22.9% of males and 19.7% of females in the 15-19 years age group, and 53.4% of males and 19.7% of females in the 18-19 years age group had had sexual intercourse before marriage (4). According to the result of the study among Jimma University students, 35.3% of male and 23.1% female students had had sexual intercourse, with the mean age at first coitus being 18.1 years and with an age range of 10-24 years. Further more, 88.5% of them had not had regular sexual partners and only 7.6% use condom consistently (6, 12).

The vast majority of sexual intercourse during adolescence period is unprotected and therefore the risk of unwanted pregnancy, unsafe abortion, and STIs including HIV\AIDS is very high. Lack of accurate information about reproductive health and sexuality, lack of access to health services including contraception, and vulnerability to sexual abuse put adolescent at highest risk (29). Study done among school adolescents in Bale zone of Oromia Region also shows that among sexually active students 47.7% had sexual encounter with multiple partners. Sexually active students also reported that they had sexual commencement with causal partner, partner with multiple sexual partners and commercial sex workers (in 43.7%, 38.9%, and 20.5% of the cases respectively) (26).

Fall in the age of menarche, increasing age at first marriage, increased participation of women in the labor force, wide spread migration to urban towns, weakening of traditional norms and values and transmission of new ideas through films, music, book and mass media are believed to be contributory to this observed increase in premarital sexual activity (4).

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Studies conducted so far on adolescent sexual practices and factors related to it in Ethiopia were few in number and some of the studies were old which may not show the present reality and selection of Ambo high school for this study was based on high number of students in the school, location of the school, which is on high way and at the center of the town. Moreover; students also come from other high schools in the zone to attend their preparatory grades. Transmission of new ideas through videos, music and books which could enforce students to pre-marital sexual intercourses is also highly observed in the town. So, this assessment is believed to give the present image of adolescent premarital sexual practices and factors related to it, which may help the concerned bodies to take actions based on the findings.

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2. LITERATURE REVIEW

Adolescence is the time of transition from child hood to adult hood. It is a time of physical, psychological and social changes. These changes have their own specific characteristics in each cultural context, and they are in a steady change according to the development of the society, Even the physical maturation during adolescence is subjected to these changes (32, 21). Adolescence is a time when many young people experience critical and life defining challenges such as their first sexual experience, marriage, pregnancy, and parent hood. (20).

Over the past hundred and fifty years, improved socio-economic standards and nutrition have brought about changes in the physical aspect of adolescence; the age of on set of sexual maturation has been decreasing; growth and physical development are proceeding at an accelerated pace; and there has been a friend toward ultimate adult size (13).

As adolescence is a time of choices, it involves gaining autonomy, assuming responsibility, and making choice about health, family, career, peer, and school. The ability to confront these decisions effectively is important to the well being of adolescents (13). However, since adolescents are more mature physically than mentally or emotionally, they are often ill prepared to make the serious decisions they face. There fore, they are frequently influenced to participate in behaviors that place their health at risk or impair their social competence, often called risk-taking behaviors.

These include early and unsafe sexual activities, pre-marital sex, having multiple sexual partners, use of alcohol and drugs, violence and dropping out of school (25, 13).

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Sexuality is a concept encompassing the whole person, including the physical body, inherited characteristics, the feeling and attitudes, the styles, the behaving, the decisions, beliefs, and values around sexual issues or sexual life, the relationships, the social and spiritual aspects of being a female or male. (21)

Inciting sexual activity is a natural transition made nearly by all humans. Nevertheless it is not the occurrence of this transition but its timing and circumstances under which it occurs that has significant implications. Young peoples' sexuality and its consequences has become a major public health concern all over the world. Though previously not given much attention, the situation has changed drastically over the past 10 years or so even in very conservative societies (13).

An ever-increasing adolescent sexuality has become one of the majority risk factors in the current pandemic of AIDS and economical and health consequences (1). Traditional practices and poor living conditions often lead young people to engage in sex at an early age (20).

The sexual behavior and reproductive health of young people in developing countries have attended considerable attention over the last 15 years, youth constitute a large proportion of the population in these countries and are disproportionately affected by HIV/AIDS and others negative reproductive health out come. The existing literatures document that adolescents engage in premarital sex with insufficient knowledge of reproductive health and family planning, and the small proportion use contraceptive, especially condom (9). Adolescent sexual behavior is important not only because of the

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possible reproductive outcomes, but also because of risky sexual behavior is associated with sexually transmitted infections such as HIV/AIDS (20).

Young women of age 15-24 years are more likely to have had sexual inter course than young men in the same age group. One, in two young women, is sexually experienced compared with one in three young men. This proportion is higher among the older age group (20-24 years) than the younger age group. Three in four women age 20-24 years had sex compared with about one in three women age 15-19 years. Similarly, three times as many men with age 20-24 years are sexually experienced as men age 15-19 years (20).

People from all walks of life are involved in paid sex. For example, female orphans, female from poor families, those who flee forced marriage and widowed women are ones who perform sex for money. Students, youth, drivers and traders are also involved in paid sex. The practice is more common in urban areas than in rural areas. As long as there is unprotected sex there will be unwanted pregnancy and its result abortion.

All youth participatory assessments conducted in the African Region revealed that abortion is common practice. Untrained individuals, traditional birth attendants, health workers including well-trained gynecologists were involved in such practices (2).

Early initiation of sex poses health risks for both young women and men. Most young adults who enter into a sexual relationship for the first time do not use any form of contraception leaving them vulnerable to unintended pregnancies and unplanned parent hood. Unprotected sex also exposes the young to sexually transmitted infections (20).

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Although rates of adolescent child bearing are declining in most countries, more than 13 million adolescent girls give birth at each year in the developing world, and many those births are unplanned. Most sexually active young people don't use contraception, and even those who do, experience higher contraception failure and are more likely to discontinue use than older people. While condoms are key contraception methods for youth many young people view condoms uncomfortable and are often consider as symbol of distrust and are thought to reduce intimacy and sexual pleasure (7).

Study done in three Ghanaian towns revealed that among 704 never married youth age 12-24 years, more than half of the respondents had ever had sexual intercourse (52%), with adjusted odds for female being 1.6 times higher than males. Nearly all respondents (99%) know use of condoms, but fewer than half (48%) could identify any four elements of correct use; females and sexually in experienced youth were the least informed (8).

Twenty five percent of male and 80% of females reported having had sexually transmitted infections. One third of sexually experienced females reported having ever been pregnant of which 70% reported having had or having attempted to have an abortion (8).

According to the study on experience of sexual coercion among young people in Kenya, 21% of females and 11% of males had experienced sex under coercive condition. Most of the perpetrators were intimate partners, including boy friends, girl friends, and husbands (10).

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Recent studies conducted in developing countries indicate that unprotected sexual behavior among unmarried young is on the rise and therefore the risk of unwanted pregnancy, unsafe abortion, and STIs including HIV/AIDS is very high for adolescents (11). In a survey conducted among high school students in Addis Ababa, 38% reported that they were sexually active and of those sexually active students 71% experienced first sex between the age of 14 and 16 years. Similar situations have been observed in other Ethiopian cities; 58 percent of students from Gondor Medical School, 55 percent 18 and 19 years-old youths from Harar, and 32 percent of unmarried youth in Jimma were reported to be sexually active (20).

According to the study done in South Gondor on out of school adolescents about 42% of the respondents were sexually active; seventy-six (23%) of sexually active respondents claimed to have more than one partner. About 25% of sexually active male adolescents visited female commercial sex workers of which 36% reported ever use of condom during commercial sex. Despite these all, participants response towards perceiving themselves as a susceptible to HIV infections indicated that only 12 (2.4%) of the rural and 16 (6.0%) of the urban sexually active adolescents were aware of being engaged in high risk sexual practices (11).

According to the study result of sexual experiences and their correlated among Jimma University students, 10.5% of male and 24% of female respondents had sexual experiences. Thirty five percent of male and 23.1% female students had sexual intercourse; mean age at first coitus was 18.1 years with an age range of 10-24 years. Furthermore, 88.5% of them do not have regular sexual partners but only 47.6% use condom consistently (12).

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Another study done in Bahir Dar showed 53% of male and 24% of female out of school youths were sexually active with mean age at first sexual contact being 16.9± 2.3 years of age (1).

Consequences of adolescent sexuality leading to unwanted pregnancy are considerable in involving social, psychological and medical implications that affects the mother the father and the newborn. The problems that encounter the adolescents are multidimensional including fear of guilt, the absence of her menstrual period, possible deterioration of family relation, abandonment of school, hasty and unpromising marriage, health, legal and cultural problems and lesser employment opportunity (1).

The survey conducted by the central statistical authority covering a sample of 8757 women notes that, of the 15 to 49 years old age group, 34.1% were married below 15 years of age, a total of 41.4% were married between 15-17 years of age, 11.6% between 18-19 years of age and 10.1% between 20 to 24 years of age. A base line survey conducted by Family Guidance Association of Ethiopia in Harar revealed that 12.1% of females got married for the first time before the age of 15 years and 36.4% of them got married at the age of 16-18 years.

Adolescents are exposed to unsafe and early sex especially in developing countries. Poverty and lack of appropriate information, which is very common in developing countries, make adolescents vulnerable for STD including HIV/AIDS. As a group, adolescents tend to be un informed or misinformed about sexuality and reproductive health and reluctant to take action to protect themselves. The adolescents in developing countries are seen to be poor in the utilization of contraceptive.

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The reported reasons for not using contraceptives are lack of knowledge, lack of support from of the community and cultural, religious and traditional objections (1).

A study conducted to assess determinant of contraceptives use among urban youth in Ethiopia reported that there is a large discrepancy between knowledge, and actual practice of contraception; only 15% of males and 39% females used condom and contraceptives, respectively (1,13)

Study conducted in north Western Ethiopia among out of school youths revealed that the proportion of sexually active never married adolescents who used modern contraceptives was 57% compared to only 12% of those who had ever married; only 13% of the rural and 35% of urban sexually active youths had ever used condom (1, 14).

The reproductive health situation of youth is a major concern. The prevalence of sexually transmitted diseases (STDs) like HIV/AIDS is relatively high among young people in Ethiopia. According to HIV/AIDS sentinel surveillance of mothers seeking antenatal care, HIV prevalence is 11 percent among women age 15-49 years and 15 percent among those aged 20-24 years. The two risk factors for the spread of STDs among youth in Ethiopia are the practice of having multiple sexual partners and the limited use of condoms. A study conducted in high school in Addis Ababa indicated that 54 % of sexually active youth have experienced sex with more than one partner; 43% of sexually active students reported knowing about condoms at the time of their first sexual experience, but only 18% said they have ever used condoms (20).

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At least 333 million cases of STDs occur each year globally (13). These diseases commonly cause discomfort, pain and discharge though the symptoms are more easily identified in males than in females. They may lead to death or serious complications especially in women, including pelvic inflammatory disease, which is a major cause of pain that lead to infertility.

Sexually transmitted diseases can be passed to infants during pregnancy and childbirth. Their effect ranges from miscarriage and stillbirth to blindness and pneumonia in the newborn (24).

Traditional beliefs and ignorance prevent many youth from seeking proper treatment once infected with STIs. The 2000 DHS survey reported that, one in two men with STIs or associated symptoms did not seek medical advice or treatment; one in three sought advice or treatment from government medical facility, and 15 percent sought advice or treatment from private medical facility. Another survey results also show that 54% of men with STIs or associated symptoms did not inform their partners, and 58% took no action to protect their partners (20).

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3. OBJECTIVES

3.1 **General Objective**: The main purpose of this study is to assess the magnitude of pre-marital sexual practices and factors related to it among high school students.

3.2 Specific Objectives

1. To determine the prevalence of pre-marital sexual practices among high school students.

2. To identify the main risky behaviors related to sexual practices.

3. To identify other factors related to pre-marital sexual practices.

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4. METHODS

4.1 Study area

The study was carried out in Ambo town, which is the capital of West Shoa Administrative zone of Oromia Region. Ambo is located 125km to the West of Addis Ababa on the way to Wolega. The town is located at an altitude of 2100 above sea level with temperate climate. Based on the 1994 Ethiopian national population and housing census, the population of the town is projected to be about 41,133 for July 2005, with male to female ratio being 0.98:1.

Administratively the town is divided in to three urban kebeles. Regarding infrastructures the town is accessible to 24 hours hydroelectric power, all weather road transportation, postal services and digital telecommunications. There is one government college, five private colleges, one high school and four elementary schools. There is also one hospital, one health center, one MCH clinic, two health posts, and ten private and NGO clinics.

Ambo secondary school was established in 1948 E.C. and based on the data of 1998E.C. a total of 5057 students were attending their secondary education in a total of 62 sections (19).

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4.2 Study Design

A cross sectional study was conducted to assess the magnitude of pre-marital sexual practices and factors related to it among Ambo high school students.

4.3 Study population

The source population was all Ambo high school students who are attending grade 9th, 10th, 11th and 12th.

4.4 Sample size

To determine the number of students to be included in the study, the single population formula was used, and for this proportion is adapted from similar study on other high school in the country, where the proportion of expected prevalence of premarital sexual practice (PMSP) is 52.8%(1).

Accordingly, the required sample size, n, at confidence interval of 95% with 5% degree of precision was, $n = \frac{Z*á/2^2 P(1-p)}{d^2}$

Where, p= 52.8% (Proportion of PMSP from previous study), d=0.05 (Assumed standard error)

Design effect = 2

$n = \frac{(1.90)^2 .0.528(1-0.528)}{(0.05)^2}$ + 10% non response rate

$n = \frac{0.957}{0.0025}$ = 383x2 = 766+77 = **843**

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4.5 Sampling procedures

A multi-stage sampling technique was employed in order to select the study units and probability proportionate to sample size (PPS) was used to determine the sample proportion for each grade (grades 9-12). Fifty percent of sections from each grade was identified by using simple random sampling and by systematic random sampling study units was identified from selected sections. (Appendix B)

4.6. Data collection and data quality assurance

Data was collected through self-administered questionnaires. The process was assisted by six teachers from the high school, and two supervisors were also assigned from Zonal health office and Zonal HIV/AIDS prevention & control office (ZHAPCO). Training was given for all of them by the investigator for one day before the pre test and for one day after the pretest.

The data collection instrument was an anonymous structured & close-ended questionnaire, which was prepared in English. The English version of the questionnaire was translated first to Afan Oromo & back to English by the individual who has good knowledge both in English & Afan Oromo languages, to assure its consistency.

Pretest of the questionnaire was carried out on selected students of the same grade. The result of the pre test was discussed & some corrections and changes were made on the questionnaires. Supervisors and principal investigator checked collected data in order to maintain its accuracy and completeness on daily basis.

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Any error, related to clarity, ambiguity incompleteness, misunderstanding, etc was solved on the following day before beginning next day activities.

4.7 Study variables

I. Independent variables

-Socio demographic (Age, Sex, Ethnicity, Literacy status, marital status, Religion)

- Parent's job status

- Communication with parents & peers about sexuality and contraceptive

II. Dependent variables

- Condom use

- Sexual practice

- Risky behaviors (chewing chat, drinking alcohol multiple sexual practice …etc)

4.8 Data analysis procedures

After data was collected, the response was coded and entered into the computer using EPI info version 6.0 statistical packages, and then 10% of the responses was randomly selected and checked for the consistency of data entry. Then printed frequencies were used for checking of outliers and to clean data. Data was cleaned accordingly and then exported to SPSS version 11.0 for further analysis. The frequency distribution of dependent and independent variables was worked out. Odds ratios were calculated to determine the strength of associations of selected variables. Logistic regression was applied to control the effects of some variables on the outcome variables using SPSS software.

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4.9. Ethical considerations

Initially ethical clearance was obtained form Addis Ababa University, Faculty of Medicine ethical committee. Then, written consent was obtained from zonal administration and also high school director was communicated through formal letter from zonal administration in addition to personal communication by the investigator.

All selected students were communicated about the study in order to obtain their verbal consent before administering questionnaires. To ensure convenience of teaching process some academic and administrative staff were also communicated about the study. Participants were also informed that they have full right to discontinue or refuse to participate in the study. Answers to any questions were completely confidential. Health education was given on premarital sex and reproductive health related problems for those study participants who wanted to know about it.

4.10. Communication of Results

The study was conducted for the partial fulfillment for the requirement of degree of Masters in public health in Addis Ababa University department of community health and the result of the study will be submitted to the department and an advisor. Study result will also be given to relevant bodies such as Federal Ministry of Health, Federal Ministry of Education, Regional Health Bureau, Regional Education Bureau, Zonal and District Health Offices, Zonal and District Education Offices and to the high school.

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5. RESULT

5.1 Socio-Demographic characteristics of the study subjects

From a total of 843 students who were identified for the study, 813 were participated in the study while 30 refused to participate in the study, yielding the response rate of 96.4%. While the majority of the participants were from grade 9 (43.2%) and grade 10 (32.1%), participants from grade 11 and 12 constitute 13.2% and 11.2%, respectively. More than three fourth of the respondents 650 (80%) were found between the age group of 15-19 years.

Four hundred forty seven (55%) of respondents were males and 366 (45%) were females. About two third of the respondents, 533 (65.6%) were followers of the orthodox Christianity, 195 (24%) were protestants, 56 (6.9%) were "waqefata's" (believe in God) and 29 (3.6%) were Muslims and Catholics. The predominant ethnic group is Oromo 730 (89.8%) followed by Amhara 75 (9.2%).

The mean age of the respondents was 17.26 (±2.1 SD) years with median age of 17 years. Majority of the respondents 798 (98.2%) were never married, the vast majority (77%) of the respondents do not have their own income and 526 (65. %) have never received any pocket money from their families. [Table 1]

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Four hundred seventy five (59%) of the study participants were living with both parents while the rest 104 (12.9%) were living most of the time with their mothers. Three hundred fifty five (44.6%) of the participants had illiterate mother and 255 (31.9%) of the respondent's fathers were illiterate.

Two hundred eighty seven (35.8%) of respondents reported alcohol consumption either occasionally, most of the time or daily. By contrast, only 91 (11.4%) and 54 (6.7%) of respondents reported consumption of khat and cigarette, respectively. Nearly half of the respondents 382 (48%) attend religious services daily, 348 (43.7%) attend occasionally and the rest 66 (8.3%) never attend the services. One hundred sixty (20.3%) of the respondents often discuss sex related issues with their fathers, 303 (38.5%) discuss occasionally and the rest 325 (41.2%) never discuss sex related issues with their fathers. One hundred sixty three (20.4%) of the respondents also often discuss sex related issues with their relatives and friends, 466 (58.3%) discuss occasionally and the rest 17 (21.3%) never discuss sex related issues with their relatives, friends and others at all. Similarly, 190 (23.8%) of the high school adolescent respondents often discuss sex and related issues with their mothers, 317 (39.7%) discuss occasionally and 292 (35.9%) never discuss sex related issues with their mothers. (Table2)

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Table 1: Socio demographic characteristics of respondents among ambo high School students, Jan. 2006

Variables	Frequency	Percentage
Sex		
Male	447	55.0
Female	366	45.0
Age		
10-14	63	7.7
15-19	650	80.0
20-24	96	1.8
25-30	4	0.5
Religion		
Orthodox	533	65.6
Protestant	195	24.0
Traditional	56	6.9
Catholic	16	2.0
Muslim	13	1.6
Ethnicity		
Oromo	730	89.8
Amhara	75	9.2
Gurage	8	1.0
Marital Status		
Unmarried	795	98.2
Married	13	1.6
Others	5	0 .2
Income of their own		
Yes	184	23
No	616	77
Pocket money		
Yes	278	34.6
No	526	65.4

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Table 2: some personal behaviors and practices among Ambo high school students, Jan. 2006

Variables	Frequency	Percentage
Cigarette Smoking		
Yes	54	6.7
No	747	93.3
Alcohol Consumption		
Yes	287	45.8
No	514	64.2
Chat Consumption		
Yes	91	11.4
No	705	86.6
Religious Services		
Attend Daily	382	48
Attend Occasionally	348	43.7
Never attend	66	8.3
Discuss Sex related issues with their mother		
Often	190	23.8
Occasionally	317	39.7
Never	292	36.5
Discuss sex related issues with their father		
Often	160	20.3
Occasionally	303	38.5
Never	325	41.2
Discuss sex related issues with relatives and friends		
Often	163	20.4
Occasionally	466	58.2
Never	171	21.4

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5.2 sexual histories and main risky behaviors of the respondents

From the total respondents 362 (44.5%) had boy or girl friends and 158 (19.4%) had experienced sexual intercourse. Overall the proportion of sexually active male respondents was higher 94 (21%) than that of females 64 (17.5%). Sixty-eight (43%) of the respondents who had pre-martial sexual intercourse belong to illiterate mother and 50 (31.6%) of the sexually active students belong to illiterate fathers. The vast majorities 117 (74%) of the sexually active respondents were from mothers who were either illiterate or an education level below elementary school.

The overall mean age at first sexual intercourse was 15.91 (± 1.8 SD). The mean age at first sexual intercourse for male and female respondents was 16.08 (± 1.708 SD) and 15.66 (± 1.975 SD), respectively.

From the total sexually active respondents 67 (42.4) had one sexual partner in the past, 44 (28.4%) had two sexual partners and the rest, 44 (28.4) had sexual intercourse with three and above partners. The mean number of sexual partners was 2.27± 1. 645 SD (median = 2.00).

From the total female students who have already experienced sexual intercourse, 18 (30.5%) have got pregnant at least once prior to this study, out of which 12 (66.7%) reported history of abortion. On the hand from the total male students who have already experienced sexual intercourse, 23 (24.4%) have impregnated at least once prior to this study.

The main reason given for the first sexual intercourse includes romantic love 102 (65.4%), sexual desire 49 (31.4%) and peer pressure 14 (9%). (Table 4)

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Table 3: Premarital sexual histories among Ambo high school students, Jan. 2006

Descriptive characteristics	Frequency	Percentage
Have boy or girl friends		
Yes	362	44.9
No	445	55.1
Practice pre-marital sexual intercourse		
Yes	158	19.4
No	650	80.4
Number of sexual partners in the past		
One	68	67
Two and above	53.8	43.2
Number of sexual partners during last 12months		
One	58	94
Two and above	37.8	62.3

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Table 4: Reasons to have sexual intercourse for the first time among ambo high school students Jan. 2006

Reasons	Number	Percentage
Reasons for first sexual intercourse		
Fell in love	103	66
Sex desire	48	30.8
Peer Pressure	14	9.0
Rape	8	5.1
To get money and other gifts	6	3.9
Others reasons	6	3.9

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Figure 1:- Description of reasons for first sexual inter course by sex,among Ambo high school students,Jan.2006.

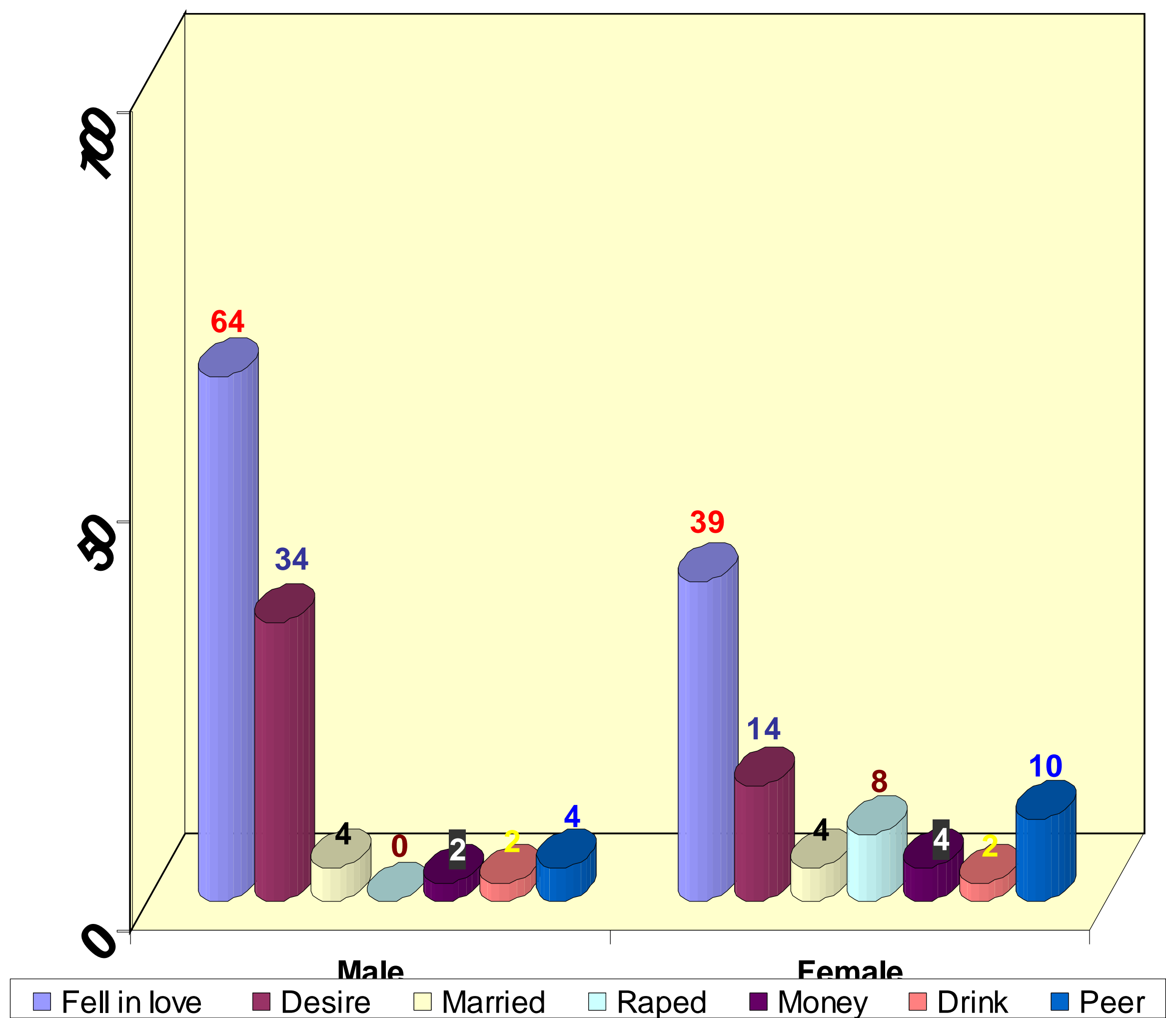

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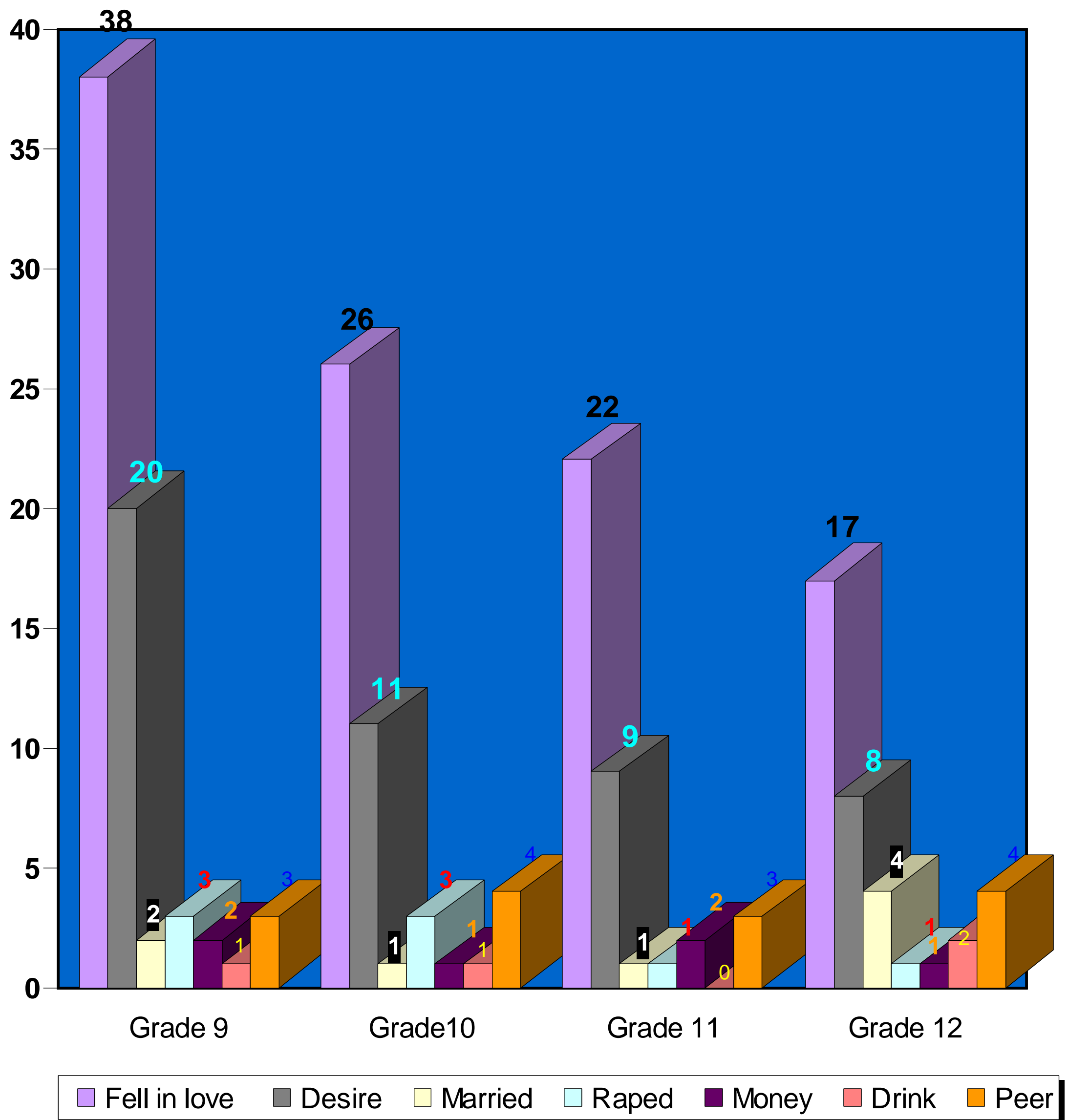
Figure 2:- Description of reasons for first sexual inter course by grade, among Ambo high school students, Jan. 2006



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More than half, 81 (51.2%) of the sexually active respondents never discuss sex related issues with their fathers and 69 (43.67%) of sexually active students never discuss sex related issues with their mothers. Pre-marital sexual intercourse was associated with discussion of sex related issues with their fathers and age of the school adolescents.

Those who discuss sex and related issues with their fathers less practicing pre-marital sexual intercourse than those who were not [OR=0.603(0.373, 0.975)], and those who were less than eighteen years of age were less practicing pre-marital sex than those who were eighteen and above years of age [OR=0.355(0.225, 0.559)] (Table 5).

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Table 5: Comparison of pre-marital sexual intercourse by selected socio demographic variables among Ambo high school adolescents, Jan. 2006

Variables	Pre-marital Sex		OR (95%CI)	
	Yes	No	Crude	Adjusted
Sex				
Male	94	351	0.21(0.879,1.781)	1.085(0.678,1.735
Female	64	299	1	1
Alcohol consumption				
Yes	78	208	0.478(0.336,0.681)	0.678(0.423,1087)
No	79	435	1	1
Discuss sex related issues with fathers				
Yes	73	389	0.556(0.390,0.793)	0.603(0.373,0.975)*
No	83	242	1	1
Age				
< 18	58	379	1.25(0.879,1.781)	0.335(0.225,0.559)*
18	100	271	1	1
Information about adolescents sexuality				
Yes	79	79	0.797(0.596,1.1430	0.773(0.460,1.155)
No	69	369	1	1
Discuss sex related issues with Mothers				
Yes	84	422	0.613(0.421,0.893)	0.910(0.540,1.532)
No	71	221	1	1
Discuss sex related issues with friends				
Yes	118	37	0.960(0.617,1.495)	1.086(0.608,1.939)
No	510	132	1	1
Attend religion services				
Yes	111	13	0.754(0.390,1.436)	2.829(0.792,4.466)
No	555	49	1	1
Chewing khat				
Yes	113	24	0.649(0.393,1.073)	1.007(0.515,1.965)
No	672	67	1	1

* Significant

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Only 24 (15.18%) of the sexually active respondents reported use of condom during their first sexual intercourse, but 34 (21.51%) reported use of condom during their last sexual intercourse and the proportion of male condom users during their last sexual intercourse was higher 26 (75.75%) than female condom users 8 (24.24%). The main reasons given for not using condom at all or consistently during sexual intercourse includes ashamed to ask partner, 26 (19.8%) ashamed to buy, 22 (16.8%), trust partner, 20 (15.3), did not think of it, 20 (15.3%) and partner objected 20 (15.3) (Table 7).

Among sexual active respondents, a total of 29 (16.5%) male students reported experiencing sexual intercourse with female commercial sex workers. From 29 students who did sexual intercourse with commercial sex workers only 8 (27.6%) reported consistent condom use and 13 (44.8%) never used condom during sex with commercial sex workers.

About 16 (10.12%) of the sexually active respondents were reported history of sign/ or symptoms of STIs. The proportion of reported STIs was higher in males 10 (62.5%) than in females 6 (37.5%). Almost half of 7 (43.75%) of the respondents were those who made sexual intercourse with commercial sex workers.

From the total sexually active respondents who reported the history of sign/or symptoms of STIs 11 (76.6%) of them never used condom during sexual intercourse.

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From the total 16 respondents who developed signs and symptoms of STIs, 5 (33.3%) went to traditional healers for treatment, 4 (26.7%) went to public health institution, 2 (13.3%) bought and used some drugs from pharmacy and the rest 5 went to local injector and private clinic for the treatment.

The major reasons given for preference to seek health care in the above mentioned places include 6 (37.5%) to get effective treatment, 5 (29.4%) for low cost treatment, 2 (12.5%) for free treatment, 2 (12.5%) for proximity and the rest 1 (6.25%) for confidentiality.

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Table 6: Main risky behaviors related to pre marital sexual practices among Ambo high school students, Jan. 2006

Types of risky behaviors	Frequency	Percentage (%)
Use of condom during first sexual intercourse		
Yes	24	16.6
No	121	83.4
Use of condom during last sexual intercourse		
Yes	33	21.5
No	110	76.9
Sexual intercourse with commercial sex workers		
Yes	16	16.5
No	76	83.5
Use of condom during sexual intercourse with commercial sex worker		
Every time	8	27.6
Almost every time	4	13.8
Some times	4	13.8
Never	13	44.8
Sexual intercourse after drinking alcohol		
Yes with condom	40	**27.8**
Yes, without condom	64	44.4
Never	40	27.8

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Table 7: **Reason for not using condom at all or consistently among sexually active Ambo high school adolescents, Jan.2006**

Reasons	Frequency	Percentage
Ashamed to ask partner	26	19.8
Ashamed to buy	22	16.8
Trust partner	20	15.3
Did not think of it	20	15.3
Partner objected	20	15.3
Not available	12	9.8
Used other contraceptive	9	6.9
Decrease satisfaction	8	6.1
Religion prohibit	8	6.1
Was drunk	4	3.1
It bursts	4	3.1
Do not like it	4	3.1
Others reasons	1	0.8

Condom use during sexual intercourse was associated with access to information about sexuality and adolescent reproductive health by school adolescent. Those who had access to information about sexuality and adolescent reproductive health were more using condom than those who were not [OR=3.27(3.615, 11.55)]. (Table 8)

Table 8: Comparison of condom use by selected socio demographic variables among Ambo high school adolescents, Jan.2006.

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	Condom use		OR(95%CI)	
	Yes	**No**	**Crude**	**Adjusted**
Sex				
Male	25	65	2.163(o.895,5.227)	3.786(0.875,16.378)
Female	8	45	1	1
Number of sexual partners				
One	22	39	3.590(1.576,8.174)	0.930(0.296,2.926)
More than one	11	31	1	1
STIs				
Yes	4	12	1.273(0.374,4.3070)	1.841(0.415,8.173)
No	28	109	1	1
Alcohol consumption				
Yes	14	58	1.514(0.690,3.320)	1.881(0.716,4.941)
No	19	52	1	1
Attend religious services				
Yes	349	50	2.163(0.895,5.227)	3.786(0.875,16.387)
No	319	12	1	1
Level of education				
9th & 10th	18	73	0.850(0.380,1.874)	0.707(0.234,2.138)
11th & 12th	15	37	1	1
Information about adolescent reproductive health & sexuality				
Yes	22	52	2.397(1.008,5.704)	3.27(3.615,11.155)*
No	9	51	1	1
Discuss sex related issues with fathers				
Yes	18	50	1.344(0.614,2.944)	1.135(0.371,3.472)
No	15	58	1	1
Discuss sex related issues with mothers				
Yes	20	57	1.323(0.597,2.931)	0.724(0.204,2.566)
No	13	51	1	1
Discuss sex related issues with friends & relatives				
Yes	28	83	2.924(0.821,10.406)	2.665(0.495,14.336)
No	3	27	1	1

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While schools were mentioned by the majority 464 (59.8%) as main source of information about sexualities & reproductive health, boy/girl friend was cited by few respondents 65 (8.4%) (Table9).

Table 9: Sources of information about sexuality as reported by respondents among ambo high school students, Jan. 2006.

Source of information	Frequency	Percent (%)
School	464	59.8
Friends/Peer	255	29.1
Radio/TV	166	21.4
Religious leaders	221	28.6
Parent	110	14.2
Health institution	96	12.4
Boy/Girl friend	65	8.4

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6. DISCUSSION

In Ethiopia, information on adolescent sexuality is not available as needed and some of the information are old and could not show the present reality. This study has assessed the pre-marital sexual practices and factors related to it in a randomly selected Ambo high school students. The study has also assessed and identified some factors, which are related to pre-marital sexual intercourse.

Regarding the sexual experience of the study subjects 362 (44.9%) of the respondents had boy or girl friends and 158 (19.4%) had experienced sexual intercourse. These finding is within the range of other similar previous study results among in school adolescents (11, 23). To the contrary this finding is lower when compared to the result of some other previous studies among school adolescents in Ethiopia (13, 20).

On the other hand, this finding is relatively high when compared to study done on sexual behavior among school adolescents in Nekemte town with the prevalence of premarital sexual intercourse of 14% and another study on sexuality, perception of risk of HIV/STIs and condom use among high school adolescents in South Gondar Zone with the prevalence of 9.6% for the boys and 7.7% for the girls (11, 28).

The mean age for females (15.66 years) at first sexual intercourse was relatively lower than males (16.08 years) which is almost similar to other studies among high school and out of school adolescents (11, 20, 23, 26).

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In this study the proportion of sexually active males 94 (21%) was relatively higher than that of females 64 (17.5%). Some other previous assessment also shows the same findings (11, 23, and 26).

The mean age at first sexual intercourse in this study was 15.91 years. This is almost within the range of several other previous studies in the country in which it ranges from 15 to 17.5 years (11, 22). But it is relatively high when compared to the study report that assessed perception of risks of sexual activities among out of school adolescents in South Gondar Administrative Zone of Amhara Region and assessment of level of knowledge of reproductive health and sexual behavior among school adolescents in Nekemte town of Oromia Regional state (11, 28).

The study result of the respondents indicated that, romantic love, sex desire, peer pressure, rape and economic reasons were some of the reasons for their first sexual inter course. These facts clearly indicate that the influence of social and economic factors that affect the sexual life of the adolescents in the study area. Study done on perception of the risks of sexual activities among adolescents in south Gonder Administrative Zone, Amhara Region (11) also shows the same results.

The existence of risky sexual practice including pre-marital sex, unprotected sex with none marital partners, sex after drinking alcohol and sex with female commercial sex workers were reported by school adolescents.

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Reports in the previous studies in Ethiopia revealed that the prevalence of multi sexual partners among adolescents ranges from 25% to 60.2% (13). Although 68 (43.2%) of the respondents in this study had one sexual partner in the past, still higher proportion 68 (56.8%) reported to have two or more sexual partners. The mean number of sexual partners in this study (2.27) is much higher than other similar studies (11,26).

Among sexually active respondents, a total of 16 (16.5%) male students reported experiencing commercial sex, which is higher than some other previous studies. About 8% of sexually active school adolescents in Gonder and Harar have reported commercial sex (13). In other study done among high school adolescents in Bale Zone of Oromia Region, relatively higher proportion (20.5%) of males had sexual intercourse with commercial sex workers (26). On the other hand, less proportion to this study (14.8%) of boys among high school adolescents, in South Gondar Zone of Amhara Region, had sex with commercial sex workers (11). Similarly, data from rapid assessment on knowledge, attitude and practices related to reproductive health in Ethiopia also revealed similar result (16%) to this study (30).

Studies conducted in South Gondar among high school adolescents revealed that the prevalence of self reported STDs was 39.2% (15). In this study self reported sign or symptoms of STIs among sexually active adolescents were 10.6%, which is lower than the above results. But, the actual number may be higher as people may not so open in disclosing such issues because of related stigmas.

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This result is also higher than other previous study results where by self reported STIs was 6.5%, 4% 6%, and 4.9% in Bahir Dar, Awasa, Addis Ababa and Gondar, respectively. In this study the proportion of reported STIs was higher in males (62.5%) than in females (37.5%), which could be due to the fact that the symptoms of STIs are more easily identified in males than in females.

Almost one-third 5 (33.3%) of those who reported history of STIs first consulted traditional healers and the same proportion 5 (33.3%) got treatment either from local injectors or from private pharmacies. Effectiveness of the treatment, low cost treatment and obtaining confidential services were the three main concerns for preferring the visited service areas. Assessment done among South Gondar adolescents also revealed similar findings (11).

In countries where safe abortion services are not legal, teenagers especially are likely to undergo unsafe and dangerous abortion as they often lack money to pay for skilled practitioners (11). This was also true for this study, as 18 (30.5%) of sexually active female adolescents have got pregnant at least once prior to this study out of which 12 (66.7%) reported history of abortion. From sexually active male respondents 15 (15.94%) were also impregnated at least once prior to this assessment.

Condom use during the last sexual intercourse in this study is about 23%, and this could be due to fact that lack of information about sexuality and reproductive health has got an impact on condom use. This finding is much lower than other similar study results, which were 58.1% among school

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adolescents in Bale of Oromia region and 41.7% among adolescents in South Gondar of Amhara Region (11, 26).

Moreover the behavioral surveillance survey (BSS) result also revealed that 52.4% (64.2% males and 40% females) in school adolescent had used condom during their last sexual intercourse (23). Another rapid assessment on knowledge, attitude, and practices related to reproductive health in Ethiopia also shows that about half of sexually active students reported using condom and again about 40% of these sub-groups used condoms regularly (30).

Regarding condom use during commercial sex, only 27.6% reported consistent use and 44.8% never used condom at all during sex with commercial sex workers. This study result also clearly indicates that significant proportions of those who practice sex with female commercial sex worker are prone to HIV and other sexually transmitted infections.

As it is stated on the result part, use of condom during sexual intercourse was associated with access to information about sexuality and adolescent reproductive health by school adolescents. Other assessments on adolescent's reproductive health also revealed similar results (9, 18, 27).

Pre-marital sexual intercourse was also associated with discussion of sex related issues with their fathers and age of the school adolescent. The existing literatures also document that adolescents engage in pre-marital sex with insufficient knowledge of reproductive health and the proportion of pre-marital sex is higher among older age groups than younger age groups (1, 9, 2).

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7. STRENGTH AND LIMITATION OF THE STUDY

7.1 Strength of the study

The study has tried to identify the prevalence of pre-marital sexual practices and the main risky behaviors related to sexual practices. Including students from the whole grades based on their proportion and applying a random sampling technique to have representative sample of the source population is one of the major strength of this study. Moreover, the use of high school teachers to assist the whole data collection process has helped us to get high response rate of school adolescents.

7.2. Limitation of the study

Due to the fact that this study deals with very personal and sensitive issues such as sexual practice and other risky factors related to it, obtaining an honest response among adolescent students was difficult. This study also did not considered qualitative data; like focal group discussion which could have an impact on the values of the results and there could be also an information bias as far as pre-test was conducted in the same school.

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8.COCLUSIONS

Understanding of the premarital sexual experience and identification of risks associated with sexual activities must be the fundamental element of interventions that are working in the area of STIs, HIV/AIDS, unwanted pregnancy, unsafe abortion.

This study has revealed that significant number of school adolescents of the study area started sexual intercourse very early and are involved with high-risk sexual practices, including multiple sexual partner and sex with commercial sex workers. Moreover, remarkable number of sexually active adolescents had the history of sexually transmitted diseases and vast majority are practicing unprotected sexual intercourse.

While it is true that sex is not talked about openly in the community and within the families still significant proportion of the respondents don't talk sex related issues with their families and access to accurate information on adolescent reproductive heath is denied to remarkable amounts of the respondents.

From these one can also conclude that the major problems that influence sexual behavior of the study subjects are still linked to lack of accurate information on adolescent reproductive health, social and cultural factors, peer influence, and lack of support from families.

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9. RECOMENDATIONS

1. Consistent Provision of information about adolescent reproductive health in general and per-marital sexual practices and factors related to it in particular should be provided to the school adolescents by the concerned governmental and non-governmental agencies.
2. The local Community should be taught of the importance of discussing sex and related issues with their children so as to increase their awareness.
3. As youth clubs are increasingly being recognized as an important avenue for disseminating reproductive health information to the young, adolescent reproductive health club should be established in the school-by-school adolescents.
4. Strong linkage should be established between adolescent reproductive health club in- the-school, out- of- school clubs working on adolescent reproductive health and local health institutions.
5. Further study to know the knowledge and attitude of other communities to wards pre-marital sex.

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Appendix A: English questionnaire

Student self reporting questionnaire

To be field by Ambo high school students, Jan.2006.

Dear student,

This study is proposed to assess pre-marital sexual practices and factors related to it among high school adolescents and you are chosen to participate in this study. The purpose of this study is to generate information about pre-marital sexual practices and factors related to it which may help the concerned bodies to take actions based on the findings.

The study will involve various intimate and private life questions. In order to effectively attain the objective we are asking your help. Here is a questionnaire for you to complete and there is no need to put your name on the questionnaire; no individual responses will be reported. Your answers are completely confidential. It is your full right to refuse to answer any or all of the questions. If you don't want to participate you can leave the format on the table (upside down). But you are requested to remain on your seats until others finish filling the format. However, your honest answers to these questions will help us in better understanding of what people think, say and do about certain behaviors, so; we request your truthful and keen participation. Please take a few minutes to answer to the questions.

Would you willing to participate?

_________ Yes, I want to participate in the study (Please go to the next page).

_________ No, I don't participate in the study (Thank you very much!).

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	Questionnaires		
I. Socio Demographic Information			
			skip to
1	What is your sex?	1.Male	
		2.Female	
2	How old are you? Only in years	____ years	
3	What is your grade?	1. 9th	
		2. 10th	
		3. 11th	
		4. 12th	
4	What is your religion?	1. Orthodox	
		2. Protestant	
		3. Muslim	
		4. Catholic	
		5. Others ,specify___________	
5	What is your ethnic group?	1. Oromo	
		2. Amhara	
		3. Gurage	
		4. Others, specify__________	
6	What is your current marital status?	1. Un married	Q 8
		2. Married	
		3. Divorced	
		4. Widowed	
		5. Others, Specify-------------	
7	How old were you when you first married?	--------------years	

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			Skip to
8	How often do you attend religious service?	1. Every day	
		2. At least once in a week	
		3. At least once in a month	
		4. At least once in a year	
		5. Never	
9	With whom do you usually live?	1. With my father& mother	
		2. With my mother only	
		3. With my father only	
		4. With relatives	
		5. With friends	
		6. Alone	
		7. Others specify……………	
10	What is the level of your father's education?	1. Illiterate	
		2. Read &write	
		3. 1-4	
		4. 5-8	
		5. 9-12	
		6. above 12th grade	
		7. Others specify…………….	
11	How easy did you find it to talk with your father about any thing that is important for you?	1. Very easy	
		2. Easy	
		3. Difficult	
		4. Very difficult	
		5.Do not see him	
		6. Others specify……………..	
12	How often did you discuss sex related issues with your father?	1. Often	
		2. Occasionally..	
		3. Never	
		4. Others specify…………….	

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13	What is the level of your Mother's education?	1. Illiterate	
		2. Read &write	
		3. 1-4	
		4. 5-8	
		5. 9-12	
		6. Above 12th grade	
14	How easy did you find it to talk with your mother about any thing that is important for you?	1. Very easy	
		2. Easy	
		3. Difficult	
		4. Very difficult	
		5.Do not see him	
		7. Others specify…………	
15	How often did you discuss sex related issues with your mother?	1. Often	
		2. Occasionally	
		3. Never	
		4.Others, specify………..	
16	How often did you discuss sex related issues with (relatives, friends and others)?	1. Often	
		2. Occasionally	
		3. Never	
		4. Others specify………..	
17	What is your parent's job status?	1. Both of my parents work	
		2. Only my father work	
		3. Only my mother work	
		4. Both of my parents do not work	

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18	Do you smoke cigarettes?	1.Have never smoked	
		2. I have tried once or twice	
		3. I smoke from time to time	
		4. I smoke daily	
19	Do you chew chat?	1. Have never chewed	
		2. I have tried once or twice	
		3. I chew from time to time	
		4. I chew daily	
20	Do you drink alcoholic beverages, like Teji, Tella, Beer, Arake, & the likes?	1.Have never drank	
		2. I have tried once or twice	
		3. I drink from time to time	
		4. I drink Daily	
21	How do you perceive the economic status of your family?	1. Poor	
		2. Medium	
		3. Rich	
22	Do you have pocket money?	1.Yes	
		2. No	
23	Do you work for pay and have income of your own?	1.Yes	
		2. No	
II- Sexual history			
24	Do you have boy \ girl friend(s)?	1.Yes	
		2. No	
25	Have you ever had sexual intercourse?	1.Yes	
		2. No	Q.53
26	At what age did you first have sexual intercourse?	____----------- years	

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27	How many sexual partners do you have so far?	1. One	
		2. Two	
		3. Three	
		4. Four	
		5. Five	
		6. More than Five	
28	How many people in the total have you ever had sexual intercourse with during the last 12 months?	1. One	
		2. Two	
		3. Three	
		4. Four	
		5. Five	
		6. More than Five	
29	Why did you decide to have sexual intercourse the first time? (Multiple answers may be possible)	1. Fell in love	
		2. Sex desire	
		3.Marriage	
		4. Raped	
		5. To get money and other gifts	
		6. Peer pressure	
		7. Was drunk or stoned	
		8. Others Specify__________	
30	How much older or younger was the person with whom you had first sexual intercourse?	1. More than 10years older	
		2. 5-10 years older	
		3. Less than 5 years older	
		4. Younger than me	
		5. He was an age like me	
		6. Do not know	

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31	Do you know / think that your sexual partner has another sexual partner?	1.Yes	
		2. No	
		3. I do not know	
32	A) Have you ever been pregnant? (girls only)	1.Yes	
		2. No	Q.34
	B) Have you ever impregnated? (boys only)	1.Yes	
		2. No	Q.34
33	What was the out come of the pregnancy?	1. Currently pregnant	
		2. Abortion	
		3. Live birth	
		4. Live birth & abortion	
		5. Others specify…………	
34	During sexual intercourse did you or your partner use condom?	1. Yes, every time	
		2. Almost every time	
		3. Some times	
		4. Never	
35	Have you used condom the first time you had sexual intercourse?	1.Yes	
		2. No	
36	Have you used condom the last time you had sexual intercourse?	1.Yes	
		2. No	
37	Did you ever have sexual intercourse with any commercial sex worker? (only For Males)	1.Yes	
		2. No	Q.39

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38	Have you ever used a condom when making sexual intercourse with commercial sex worker?	1. Yes, every time	
		2. Almost every time	
		3. Sometimes	
		4. Never	
39	If you haven't used condom at all or haven't used it consistently what was the reason(s)?(Multiple answers are possible)	1. Not Available	
		2. Too expensive	
		3. Ashamed to ask my partner	
		4. Partner objected	
		5. Used other contraceptives	
		6. Don't like them	
		7. Wanted to be pregnant	
		8. Ashamed to buy	
		9. I trust my partner	
		10. I was drunk or stoned	
		11. Didn't think off it	
		12. I didn't know how to use it	
		13. It decrease satisfaction	
		14. It bursts	
		15. my religion prohibits	
		16. Others, specify…________	
40	Have you had symptom of STIs such as genital ulcer, abnormal genital discharge, & pain during urination or genital swelling?	1.Yes	
		2. No	Q.44
41	If yes, whom did you first discuss the issue with?	1.My parent	
		2. My friends/peer	
		3. My partner (husband or Wife)	
		4. My boy or girl friend	
		5. Health workers	

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		6. Traditional healers	
		7. Local injectors	
		8. Others specify…………	
42	If yes where did you go for the treatment? (More than one answers are possible)	1.Traditional healer	
		2. Public health institution	
		3. I bought some drug from pharmacy	
		4. Local injector	
		5.Private clinics	
		6. Others specify………..	
43	Could you tell me why you prefer to seek health care in this place? (More than one answer is possible)	1. Effectiveness of treatment	
		2. Free treatment	
		3. Low cost treatment	
		4. Proximity	
		5.For confidentiality	
		6. Others specify………..._____	
44	Do you attend Video, movies or other entertainment programs?	1. Yes	
		2. No	Q.46
45	If yes do you think that they are the reasons for your premarital sexual intercourse?	1. Yes	
		2. No	
46	Among the following individuals with whom have you had sexual inter course?	1. With the person who have sexual partners	
		2. Persons with STIs	
		3. With commercial Sex workers	
		4. Others ,Specify---------	
47	Have you had sexual intercourse after drinking Alcohol?	1. Yes	
		2. No	
48	If yes, did you or your partner use condom?	1. Yes	
		2. No	
49	Have you had sexual intercourse after chewing chat?	1. Yes	
		2. No	

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			skip to
50	If yes, did you or your partner use condom?	1. Yes	
		2. No	
51	Do you think that drinking Alcohol /chewing chat/ taking anther abuses are reasons for your per- marital sex?	1. Yes	
		2. No	
52	Do you think that drinking Alcohol/chewing chat/ taking anther abuses are reasons for your having multiple sexual partners?	1. Yes	
		2. No	
53	Do you have any source of information about sexuality and reproductive health?	1. Yes	
		2. No	
54	From which person or from where do you learn most about sexuality and reproductive health? (More than one answer is possible)	1. My parent	
		2. My friends/peer	
		3. My partner (husband or Wife)	
		4. My boy or girl friend	
		5. Health institution	
		6. School	
		7. Religious leaders	
		8. News paper, posters	
		9. Radio/TV	
		10. Other family members	
		11. Others, specify--------	

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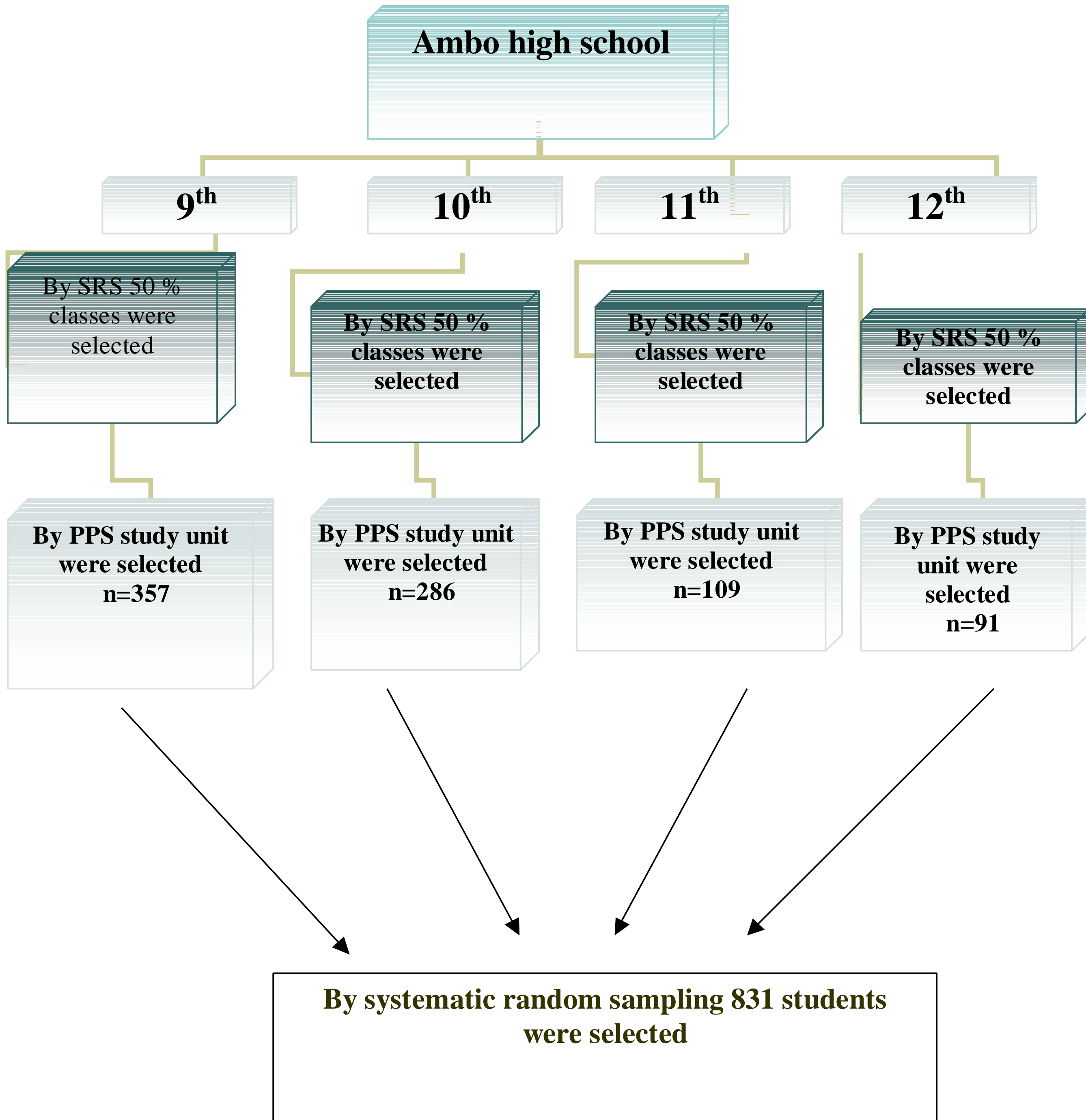
Appendix B: - Schematic presentation of the sampling procedure



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Appendix C: Declaration

I ,the under signed, declared that this is my original work, has not been presented for a degree in this or any other university, and that all the sources of materials used for this thesis has been fully acknowledged.

Name Daba Bane, BSC

Signature ______________

Place Addis Ababa, Ethiopia

Date of submission _______________

This Thesis has been submitted for examination with my Approval as University advisor

Name Asefa Seme, MD, MPH

Signature ____________________

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